



2014

(Revised April 1, 2014)

Standards Manual of the South Dakota Board of Addiction and Prevention Professionals (BAPP)

The South Dakota Board of Addiction and Prevention Professionals (BAPP) operates within legislative guidelines of the State of South Dakota under the auspices of the South Dakota Department of Social Services.

The BAPP's purpose is to protect the public through the development and establishment of generally accepted standards of professionalism and competence to be used in the recognition, certification, and licensure of addiction and prevention professionals in South Dakota. The BAPP strives to use valid and reliable examinations in the certification and licensure process and to advance the profession through the promotion and offering of professional development opportunities, advocacy, and by providing a reciprocity process for addiction and prevention professionals in South Dakota.

Note: This Manual reflects changes made in Statutes (SDCL 36-34) and Administrative Rules (Article 20:80), effective October 9, 2013.

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CHAPTER 1 - THE BAPP BOARD

MISSION

The mission of the South Dakota Board of Addiction and Prevention Professionals (BAPP) is to provide a foundation for the continuing development of practitioners in the field as well as the credentialing of addiction and prevention professionals within generally accepted standards of professionalism and competence using valid and reliable examinations.

BOARD PROFESSIONAL RESPONSIBILITY

The South Dakota Board of Addiction and Prevention Professionals (BAPP) is a State Office that operates within legislative guidelines of the State of South Dakota under the auspices of the South Dakota Department of Social Services. The BAPP is the credentialing authority for addiction counselors and prevention specialists. No person may represent oneself as a licensed or certified addiction counselor, addiction counselor trainee, certified prevention specialist, prevention specialist trainee, or any other title that includes such words unless the person is certified or licensed under this Board. The BAPP's purpose is to protect the public through the development and establishment of generally accepted standards of professionalism and competence to be used in the recognition, certification, and licensure of addiction and prevention professionals in South Dakota. The BAPP strives to use valid and reliable examinations in the certification and licensure process and to advance the profession through the promotion and offering of professional development opportunities, advocacy, and by providing a reciprocity process for addiction and prevention professionals in South Dakota.

Powers

The BAPP Board of Directors is responsible for establishing policies and setting standards for the professional practice of addiction counseling and prevention services and other rules as necessary for the administration of the BAPP. The Board delegates the administration of policy related to the operation of the BAPP Administrative Office to the Administrative Officer. The Board retains responsibility for evaluating the effectiveness and execution of all Board standards and policies. The Board seeks input to interpret the needs of the public at large, the Addiction Counselor Trainees, the Certified Addiction Counselors, the Licensed Addiction Counselors, the Prevention Specialist Trainees, and the Certified Prevention Specialists.

Duties of the Board

The duties of the Board of Directors include, but are not limited to the following:

1. The Board shall promulgate rules that set standards for professional practice of addiction counseling and prevention services and other rules as necessary for the administration of the BAPP.
2. The Board shall be responsible for all disciplinary proceedings.
3. The Board shall establish education, training and competency, continuing education, and ethical standards governing the examination and practice of practitioners.
4. The Board shall examine, or cause to be examined, for competency, eligible applicants, for certification or licensure to practice addiction counseling and prevention services.
5. The Board shall issue certificates and licenses to those applicants who successfully complete the certification or licensing requirements and renew the certifications and licenses of those practitioners who continue to meet the standards.
6. The Board shall maintain a record of all practitioners which includes the practitioner's status, certificate or license number, date the certification or licensure was granted, renewal date, and any public record of discipline; and
7. The Board shall establish and collect fees for applications, recognition, certification, licensure, dual credentials, examinations, upgrades, reciprocity, continuing education, renewal, reinstatement, and all services authorized by the Board.

PERSONAL USE & ADDICTIVE BEHAVIOR

It is the expectation and position of the South Dakota Board of Addiction and Prevention Professionals that individuals working in the addiction counseling or prevention profession have a responsibility to themselves, their employer, their clientele, and the general public to provide a positive role model regarding their personal use of chemicals. A professional will adhere to the agency's policies concerning substance use, professional behavior, and related issues of conduct and appropriate ethical standards.

The Board believes that all recognized, certified, or licensed professionals under the auspices of the Board "shall have a responsibility to model and promote a healthy lifestyle and well-being by low risk or no use of alcohol, tobacco and/or other mood-altering chemicals in addition to low risk use or no use or engagement in other addictive activities" (Professional Code of Ethical Conduct for Prevention Specialists). Further, all persons under Board cognizance have a responsibility to maintain sound mental health to prevent the impairment of professional judgment and performance.

NON-DISCRIMINATION STATEMENT

The BAPP recognizes that equal opportunity is fundamental to equality in all forms of human endeavor. Therefore, all administrative and staff policies and procedures under authority of the Board shall ensure that no person shall be excluded from participation in or be denied benefits of or be subjected to any discrimination under any program or process within the cognizance of the Board based on their status related to race, sex or gender identity, religion, color, creed, national origin, disability, age, ancestry, or sexual orientation or preference.

CONFIDENTIALITY OF BOARD RECORDS

Files containing applications, complaints, investigations, and appeals in possession of the Board, its committees, or its employees relating to recognition, certification, licensure, or disciplinary proceedings shall be privileged and confidential, excepting the Board's findings of fact and ultimate disposition regarding matters under investigation and resulting disciplinary actions. The status of recognition, certification, or licensure by the Board is not considered confidential.

FELONY STANDING

Any individual seeking trainee recognition, certification, licensure, renewal, status upgrade, or reciprocity must disclose to the Board whether they have been convicted of, pled guilty to, or plead no contest to any felony in any state, federal, foreign jurisdiction, tribal, or military court, and/or received a suspended imposition of sentence for a felony offense. Being convicted of, pleading guilty to, or pleading no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, may be grounds for denial, revocation, suspension, or refusal of trainee recognition, certification, licensure, renewal, status upgrade, or reciprocity.

If a felony conviction has occurred, at least five (5) years must pass between date of sentencing and date of application for trainee recognition, certification, licensure, renewal, status upgrade, or reciprocity. Also, all sentencing requirements must be completed or satisfied prior to the date of application. Persons with felony records will need to sign appropriate releases of information that will allow the Board to verify current status. Military Court Martial offenses shall be considered as felony offenses.

CHAPTER 2 – ACADEMIC & WORK EXPERIENCE REQUIREMENTS

RECOGNITION, CERTIFICATION, AND LICENSURE PROCESS

The process for obtaining recognition, certification, or licensure:

- Addiction Counselor Trainee or Prevention Specialist Trainee recognition is granted upon completion of the application and payment of the applicable fee. Recognition status may be granted for up to five years and is renewed annually during the Trainee's birth month following the issuance of the certificate. Recognition expires on the last day of the Trainee's birth month.
- Certified Addiction Counselor or Certified Prevention Specialist certification is granted upon completion of the application process and successfully passing the IC&RC Written Examination. Certification is renewed annually during the practitioner's birth month following issuance of the certificate. Certification expires on the last day of the practitioner's birth month.
- Licensed Addiction Counselor licensure is granted upon completion of the application process and successfully passing the IC&RC Written Examination. The license is renewed annually during the practitioner's birth month following issuance of the certificate. The license expires on the last day of the practitioner's birth month.

The process for obtaining approval of specialized education courses:

- All specialized education course work must be approved by the Board and must be completed at an accredited post secondary institution.
- To request approval the applicant must submit a 'Portfolio Review – Course Evaluation' form, transcripts, course syllabus, and the portfolio review fee. The BAPP Portfolio Review Committee will review the information and determine approval or denial of the course work. (The form can be downloaded from the BAPP website.)
- The Board shall maintain and make available upon request the list of approved specialized education courses.

ADDICTION COUNSELOR TRAINEE (ACT)

Addiction Counselor Trainee recognition is available to persons with a minimum of a high school diploma or general education diploma (GED) who are working in the addictions field.

Applicants must have a current place of employment where it is possible to gain the necessary experience and supervision. The experience must be in direct service with clients who have a diagnosis of alcohol or other drug abuse or dependence. This experience must include both direct and indirect activities related specific to the alcohol and drug counselor domains to include the Twelve Core Functions. Formal education and unsupervised work experience after Trainee recognition is granted may not be substituted for the experience requirements. All experience must be documented and verifiable.

Work completed in agencies accredited or recognized through statute by the Division of Behavioral Health or under the control and auspices of an equivalent accrediting or sponsoring body is considered work experience meeting the requirements of the BAPP.

To have Trainee recognition status, a person must be employed on either a paid or voluntary basis. Trainees are required to be supervised by a qualified Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) throughout their entire recognition period as a Trainee. **Supervision must include a minimum of eight (8) contact hours each month with a minimum of one (1) hour of supervision for every ten (10) hours of client contact.** The supervisor shall determine and direct any need for supervision beyond the eight hours per month requirement. A Trainee may not be supervised by a relative.

Addiction Counselor Trainees must follow the Code of Ethics and Standards of Practice of the BAPP and identify himself/herself to the public as an Addiction Counselor Trainee.

Trainee recognition is granted for up to five (5) years. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for either Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) and successfully pass the IC&RC Written Examination.

CERTIFIED ADDICTION COUNSELOR (CAC)

In order for an applicant to be accepted for testing by the BAPP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota BAPP.

Applicants for CAC must work directly with clients who have a diagnosis of alcohol and other drug abuse or dependence on a voluntary or paid basis in activities included in the Twelve Core Functions under supervision by a qualified Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC).

The applicant for CAC must meet the following requirements:

Academic requirements:

- Have a minimum of a high school diploma or general education diploma (GED)
- Have a minimum of three (3) semester hours and a grade of “C” or higher in each of the following undergraduate or graduate level specialized education courses, for a total of 27 semester hours:
 - Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
 - Introduction to the Study of Drug Use and Abuse (3 semester hours)
 - Alcohol and Drug Group Counseling (3 semester hours)
 - Ethics for the Alcohol and Drug Professional (3 semester hours)
 - Foundations of Individual Counseling (3 semester hours)
 - Alcohol and Drug Treatment Continuum (3 semester hours)
 - Counseling Families with Alcohol or Other Drug Issues (3 semester hours)
 - Diverse Populations (3 semester hours)
 - Alcohol and Drug Specific Elective (3 semester hours)

Qualifying Work Experience Requirement:

The qualifying work experience requirement must include supervised work experience specific to the alcohol and drug counselor domains. The total number of required work experience hours depends upon the educational level of the applicant, as follows:

- | | |
|-------------------------------------|-------------|
| - With High School Diploma (or GED) | 8,000 hours |
| - With Associate’s Degree | 6,000 hours |
| - With Bachelor’s Degree: | 4,000 hours |
| - With Master’s Degree or above: | 2,000 hours |

The degree must be in a behavioral science field and from an accredited post secondary institution.

Of the required work experience hours (above), applicants must provide detailed documentation for a minimum of 300 hours of supervised practical training experience in the Twelve Core Functions with a minimum of ten (10) hours in each core function. (See Appendix A for the Twelve Core Functions and Criteria.)

Examination: Must complete all academic and work experience requirements for Certified Addiction Counselor (CAC), apply for certification, and successfully pass the IC&RC Written Examination.

LICENSED ADDICTION COUNSELOR (LAC)

In order for an applicant to be accepted for testing by the BAPP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota BAPP.

Applicants for LAC must work directly with clients who have a diagnosis of alcohol and other drug abuse or dependence on a voluntary or paid basis in activities included in the Twelve Core Functions under supervision by a qualified Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC).

The applicant for LAC must meet the following requirements:

Academic Requirements:

- Have a minimum of a Master's Degree in a behavioral science field from an accredited post secondary institution.
- Have a minimum of three (3) semester hours and a grade of "C" or higher in each of the following specialized education courses, with a minimum of five courses at the graduate level, for a total of 21 semester hours:
 - Addiction Counseling Theories and Techniques (3 semester hours)
 - Psychopharmacology or Psychopathology (3 semester hours)
 - Legal, Ethical and Professional Standards (3 semester hours)
 - Case Management and Assessment of Co-Occurring Disorders (3 semester hours)
 - Treatment Planning (3 semester hours)
 - Clinical Supervision (3 semester hours)
 - Multicultural Competency (3 semester hours)

Qualifying Work Experience Requirement:

The qualifying work experience requirement must include a minimum of 2,000 hours of supervised work experience specific to the alcohol and drug counselor domains. Of the 2,000 required hours, applicants must provide detailed documentation for a minimum of 300 hours of supervised practical training experience in the Twelve Core Functions with a minimum of ten (10) hours in each core function. (See Appendix A for the Twelve Core Functions and Criteria.)

Examination: Must complete all academic and work experience requirements for Licensed Addiction Counselor (LAC), apply for licensure, and successfully pass the IC&RC Written Examination.

PREVENTION SPECIALIST TRAINEE (PST)

Prevention Specialist Trainee recognition is available to persons with a minimum of a Bachelor's degree from an accredited post secondary institution who are working in the prevention field.

Applicants must have a current place of employment where it is possible to gain the necessary experience and supervision. The experience must be in activities related specific to the Prevention Specialist Domains. Formal education and unsupervised work experience after Trainee recognition is granted may not be substituted for the experience requirements. All experience must be documented and verifiable.

Work completed in agencies accredited or recognized through statute by the Division of Behavioral Health or under the control and auspices of an equivalent accrediting or sponsoring body is considered work experience meeting the requirements of the BAPP.

To have Trainee recognition status, a person must be employed on either a paid or voluntary basis. Trainees are required to be supervised by a qualified Certified Prevention Specialist, unless due to unavailability, may be supervised by a Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC) throughout their entire recognition period as a Trainee. **Supervision must include a minimum of eight (8) contact hours each month.** The supervisor shall determine and direct any need for supervision beyond the eight hours per month requirement. A Trainee may not be supervised by a relative.

Prevention Specialist Trainees must follow the Code of Ethics and Standards of Practice of the BAPP and the Professional Code of Ethical Conduct for Prevention Specialists and identify himself/herself to the public as a Prevention Specialist Trainee.

Trainee recognition is granted for up to five (5) years. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for Certified Prevention Specialist and successfully pass the IC&RC Written Examination.

CERTIFIED PREVENTION SPECIALIST (CPS)

In order for an applicant to be accepted for testing by the BAPP in South Dakota, he/she must satisfy the residency/work requirement. This means the applicant must live and/or work at least fifty-one (51) percent of the time within the jurisdiction of the South Dakota BAPP.

Applicants for CPS must work on a voluntary or paid basis in activities related specific to the Prevention Specialist Domains under supervision by a qualified Certified Prevention Specialist (CPS), unless due to unavailability, may be supervised by a qualified Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC).

The applicant for CPS must meet the following requirements:

Academic Requirements:

- Have a minimum of a Bachelor's Degree from an accredited post secondary institution.
- Have a minimum of three (3) semester hours and a grade of "C" or higher in each of the following undergraduate or graduate level specialized education courses, for a total of fifteen (15) semester hours:
 - Introduction to the Study of Alcohol Use and Abuse (3 semester hours)
 - Introduction to the Study of Drug Use and Abuse (3 semester hours)
 - Foundations of Alcohol and Other Drug Prevention (or workshop equivalent as approved by the Board*) (3 semester hours)
 - Theory and Practice of Alcohol and Drug Prevention (3 semester hours)
 - Ethics for the Alcohol and Drug Professional (3 semester hours)*(Must include six (6) contact hours of ethics specific to prevention)*

*Intensive Education Workshop and/or Training that has been pre-approved by the BAPP may fulfill the requirement for the Foundations of Alcohol and Other Drug Prevention course at the discretion of the Board. A three (3) semester hour course is the equivalent of 45 contact hours. The workshop or training must be for three (3) semester hours and must appear on a transcript from an accredited post secondary institution.

Qualifying Work Experience Requirement:

The qualifying work experience requirement must include a minimum of 2,000 hours of supervised work experience specific to the Prevention Specialist Domains. Of the required work experience hours, applicants must provide detailed documentation for a minimum of 750 hours of supervised practical training experience in the Prevention Specialist Domains with a minimum of fifty (50) hours in each domain. (See Appendix B for the Prevention Specialist Domains.)

Examination: Must complete all academic and work experience requirements for Certified Prevention Specialist (CPS), apply for certification, and successfully pass the IC&RC Written Examination.

INDEPENDENT PRACTICE

In order for a practitioner to qualify as a private independent addiction counselor, the practitioner must meet the following requirements:

- Hold an active Licensed Addiction Counselor (LAC) credential with the Board.
- Have completed a minimum of two years of qualifying supervised work experience in the field of addiction counseling. The work experience must be years accrued after initial certification or licensure.

The requirements do not apply to people engaged in independent practice prior to April 1, 2014.

CHAPTER 3 - TRAINEE APPLICATION PROCESS

An application for Trainee recognition can be requested from the BAPP Administrative Office by submitting a request in writing and paying the application fee; or, by downloading the application from the BAPP website at no cost.

An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the application process.

The Board issues certificates annually that are intended for public display either in the Trainee's office or in a place designated by the agency.

ADDICTION COUNSELOR TRAINEE RECOGNITION APPLICATION

A completed application for Addiction Counselor Trainee (ACT) recognition must include the following:

- (1) Address / Employment information,
- (2) Education and Academic Data Form,
- (3) Verification of education to include a high school diploma or general education diploma (GED) or transcripts from an accredited high school or post secondary institution,
- (4) Supervisor's signed Supervision Data Form and the Clinical Supervisor Code of Ethics form,
- (5) Trainee's signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (6) Trainee's signed Professional Code of Ethics form, and
- (7) Payment of the required fee.

ACT Trainee recognition is granted for up to five (5) years. Trainees must be supervised by a qualified Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) throughout the entire recognition period. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for either Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) and successfully pass the IC&RC Written Examination.

PREVENTION SPECIALIST TRAINEE RECOGNITION APPLICATION

A completed application for Prevention Specialist Trainee (PST) recognition must include the following:

- (1) Address / Employment Information,
- (2) Education and Academic Data Form,
- (3) Verification of education to include transcripts from an accredited post secondary institution showing evidence of a bachelor's degree,
- (4) Supervisor's signed Supervision Data Form and the Clinical Supervisor Code of Ethics form,
- (5) Trainee's signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (6) Trainee's signed Professional Code of Ethics form,
- (7) Trainee's signed Professional Code of Ethical Conduct for Prevention Specialists form, and
- (8) Payment of the required fee.

PST Trainee recognition is granted for up to five (5) years. Trainees must be supervised by a qualified Certified Prevention Specialist (CPS), unless due to unavailability, may be supervised by a Certified Addiction Counselor (CAC), or a Licensed Addiction Counselor (LAC) throughout the entire recognition period. Before the Trainee recognition period ends, Trainees must complete all academic and work experience requirements for Certified Prevention Specialist and successfully pass the IC&RC Written Examination.

CHAPTER 4 - SUPERVISION

SUPERVISION OF ADDICTION PROFESSIONALS

PROFESSIONAL RESPONSIBILITY

To qualify as a clinical supervisor the professional shall be a Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC), in active and good standing, as defined and set forth in this Standards Manual.

Clinical supervisors should be proficient and competent in the following skills and knowledge:

Administrative: The planning, organizing, coordinating, and delegation of tasks related to the organization's clinical functions. This includes selecting and assigning staff and treatment planning and case management.

Evaluative: The ability to assess the addiction professional's skills, experience with and knowledge of the addiction field, social and behavioral sciences, and 12 step philosophy; to clarify performance standards, negotiate objectives for learning, and utilize sanctions properly in order to determine the counselor's strengths and weaknesses.

Professional Development: Promote a career development process through the use of mutual planning and assessment, promotion of professional and personal growth and self-awareness.

The clinical supervisor's primary focus is skill development and teaching professionals and/or Trainees how to provide quality addiction services. The supervisor focuses on the practical issues of the client-counselor relationship, on how to identify and remediate transference and counter-transference issues, on inter- and intra-personal problems, on treatment, and other related areas germane to the employing agency and to the field.

Clinical supervisors should actively participate in professional organizations to model and encourage professional involvement. Clinical supervisors should promote, maintain, and safeguard the best interests of the client and the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct. Clinical supervisors should pursue their own personal and professional educational opportunities and activities in order to further their own competence and effectiveness.

Clinical supervisors should strive to maintain or improve personal, physical, and mental health by participating in activities that promote professional effectiveness.

Clinical supervisors should be adept at recognizing the uniqueness of the individual addiction professional by gaining knowledge about personalities, cultures, life-styles, personal feelings, and other factors in order to influence the professional in the process of his/her development.

Clinical supervisors should subscribe and uphold the federal, state, local, and agency rules and regulations and other legal and liability guidelines regarding the addiction treatment field by following appropriate procedures in order to protect consumer's rights; recommending new policies and procedures when appropriate.

Clinical supervisors must comply with any applicable Board adopted code of ethics for the position being supervised and with the code of ethics pertaining to the supervisor's own position.

SUPERVISION RESPONSIBILITY

Clinical Supervision is defined as an aspect of staff development dealing with the clinical skills and competencies of each staff member. **Supervision must include a minimum of eight (8) contact hours each month. A minimum of one hour of supervision for every ten hours of client contact is required.** The methods that may be used are intensive case review and discussion utilizing direct observation of a practitioner in action via videotape, direct live observation of sessions, co-counseling, process recordings, simulations, role playing; direct or indirect observation of clinical practice via case presentations, verbatim case reviews, quality care reviews, and other methods consistent with providing supervisory service. Supervision must be face-to-face whenever possible. Not more than fifty (50) percent of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Clinical supervision is a unique and identifiable educational procedure that enables the addiction professional to integrate theoretical information, practiced skills and self-knowledge into a personalized, effective counseling style. Clinical supervision should not be confused with therapy, case management, and in-service training.

Clinical supervisors should be engaged in the practice of his/her profession that assures a high level of professional competency and should be qualified to supervise, which assumes the abilities to teach, communicate, and support those receiving supervision.

Clinical supervision responsibilities should be clearly defined by the agency so that the practitioner is not overwhelmed by excessive and vague tasks. This allows the practitioner and clinical supervisor to negotiate a “contract for learning within the practitioner’s duties that sets clear learning objectives and limits to the clinical supervision.” Clinical supervision requires that the roles of clinical supervisor and practitioner be appropriate to their professional identity. This means the clinical supervisor’s level of professional competency should be greater than that of the practitioner, giving him/her a role model and a level of competency for which to strive.

Clinical supervisors are required to review and guide the Trainee in the certification or licensure process. Clinical supervisors must also be cognizant of the certification/licensure standards to ensure proper supervision and guidance in the certification/licensure process. Supervisors shall engage in interactive supervision to the extent that at the time a Trainee applies for certification or licensure the supervisor will have sufficiently addressed deficits (if present) so that a minimally acceptable level of performance in each of the Twelve Core Function areas is verified. If a Trainee has not attained a minimally acceptable level of performance in all core function areas, the supervisor should not recommend certification or licensure. Failure of the Trainee to progress in a timely fashion may result in the inability to become certified or licensed at the end of the Trainee recognition period. Any mark below the minimally acceptable level on the ‘Supervisor Evaluation and Recommendation’ form in the application may result in a Trainee being denied the opportunity to take the IC&RC Written Examination.

Supervisors will be required to document completion of experience and supervision for those under his/her supervision. Clinical supervisors will be required to sign the ‘Supervised Practical Training Hours’ form for the 300 hours of supervised practical training, as well as submit a ‘Supervisor Evaluation and Recommendation’ form at the end of the Trainee’s recognition period. All experience must be documented and verifiable. After a Trainee achieves 300 hours of supervised practical training experience within the Twelve Core Functions, the requirement for ongoing supervision remains throughout the entire Trainee recognition period.

Clinical supervisors shall ensure that each supervisee is familiar with all applicable ethical standards adopted by the Board.

Trainees are required to be supervised by a CAC or LAC throughout the entire time period they have Trainee status. If a Trainee fails the IC&RC Written Examination, supervision must continue while the person remains in the Trainee recognition status.

Supervision must include a minimum of eight contact hours each month. A minimum of one hour of supervision for every ten hours of client contact is required. The supervisor shall determine and direct any need for further supervision beyond the eight hours per month requirement. Supervision must include a combination of the following although it is not restricted to just the following:

1. Case Staffing;
2. Individual Case Supervision;
3. General Clinical Supervision;
4. Consultation, to include other clinical professionals.

Formal education and unsupervised experience may NOT be substituted for the work experience requirements.

SUPERVISION OF PREVENTION PROFESSIONALS

PROFESSIONAL RESPONSIBILITY

To qualify as a supervisor the professional shall be a Certified Prevention Specialists (CPS), in active and good standing, as defined and set forth in this Standards Manual. If a CPS is unavailable, the supervisor may be a Certified Addiction Counselor (CAC) or a Licensed Addiction Counselor (LAC), in active and good standing, as defined and set forth in this Standards Manual.

Prevention supervisors should be proficient and competent in the following skills and knowledge:

Administrative: The planning, organizing, coordinating and delegation of tasks related to the organization's provision of prevention services.

Evaluative: The ability to assess the prevention professional's skills, experience with and knowledge of each of the six IC&RC Prevention Specialist Domains.

Professional Development: Promote a career development process through the use of mutual planning and assessment, promotion of professional and personal growth and self-awareness.

The supervisor's primary focus is skill development and teaching professionals and/or Trainees how to provide quality prevention services. The supervisor focuses on the issues including but not limited to implementation and utilization of needs assessments, community mobilization techniques, provision of educational services and alternative activities, policy development and other environmental strategies, the provision of technical assistance to individuals and communities and the evaluation of all such strategies.

Supervisors should actively participate in professional organizations to model and encourage professional involvement. Supervisors should promote, maintain, and safeguard the best interests of the target populations and the supervisee by adhering to established codes of ethics in order to encourage high standards of conduct. Supervisors should pursue their own personal and professional educational opportunities and activities in order to further their own competence and effectiveness.

Supervisors should strive to maintain or improve personal, physical, and mental health by participating in activities that promote professional effectiveness.

Supervisors should be adept at recognizing the uniqueness of the individual prevention professional by gaining knowledge about personalities, cultures, life-styles, personal feelings, and other factors in order to influence the professional in the process of his/her development.

Supervisors should subscribe and uphold the federal, state, local, and agency rules and regulations and other legal and liability guidelines regarding the prevention field by following appropriate procedures in order to protect consumer's rights; recommending new policies and procedures when appropriate.

Supervisors must comply with any applicable Board adopted code of ethics for the position being supervised and with the code of ethics pertaining to the supervisor's own position.

SUPERVISION RESPONSIBILITY

Supervision is defined as an aspect of staff development dealing with the development of the skills and competencies of each staff member. **Supervision must include a minimum of eight (8) contact hours each month.** Supervision must be face-to-face whenever possible. Not more than fifty (50) percent of the required hours may be by email, internet, video-conferencing, audio-conferencing, or teleconferencing.

Supervision is a unique and identifiable educational procedure that enables the prevention professional to integrate theoretical information, practiced skills and self-knowledge into a personalized, effective style.

Supervisors should be engaged in the practice of his/her profession that assures a high level of professional competency and should be qualified to supervise, which assumes the abilities to teach, communicate, and support those receiving supervision.

Supervision responsibilities should be clearly defined by the agency so that the practitioner is not overwhelmed by excessive and vague tasks. This allows the practitioner and the supervisor to negotiate a “contract for learning within the practitioner’s duties that sets clear learning objectives and limits to the supervision.” Supervision requires that the roles of supervisor and practitioner be appropriate to their professional identity. This means the supervisor’s level of professional competency should be greater than that of the practitioner, giving him/her a role model and a level of competency for which to strive.

Supervisors are required to review and guide the Prevention Specialist Trainee in the certification process. Supervisors must also be cognizant of the certification standards to ensure proper supervision and guidance in the certification process. Supervisors shall engage in interactive supervision to the extent that at the time a Prevention Specialist Trainee applies for certification the supervisor will have sufficiently addressed deficits (if present) so that a minimally acceptable level of performance in each of the Prevention Specialist Domain areas is verified. If a Trainee has not attained a minimally acceptable level of performance in all Prevention Specialist Domain areas, the supervisor should not recommend certification. Failure of the Trainee to progress in a timely fashion may result in the inability to become certified at the end of the Trainee recognition period. Any mark below a minimally acceptable level on the ‘Supervisor Evaluation and Recommendation’ form in the certification application may result in a Trainee being denied the opportunity to take the IC&RC Written Examination.

Supervisors will be required to document completion of experience and supervision for those under his/her supervision. Supervisors will be required to sign the ‘Supervised Practical Training Hours’ form for the 750 hours of supervised practical training, as well as submit a ‘Supervisor Evaluation and Recommendation’ form at the end of the Trainee’s recognition period. All experience must be documented and verifiable. After a Trainee achieves 750 hours of supervised practical training experience within the Prevention Specialist Domains, the requirement for ongoing supervision remains throughout the entire Trainee recognition period.

Supervisors shall ensure that each supervisee is familiar with all applicable ethical standards adopted by the Board.

Trainees are required to be supervised by a CPS, unless due to unavailability, they may be supervised by a CAC or LAC throughout the entire time period they have Trainee status. If a Trainee fails the IC&RC Written Examination, supervision must continue while the person remains in the Trainee recognition status.

Supervision must include a minimum of eight contact hours each month. The supervisor shall determine and direct any need for further supervision beyond the eight hours per month requirement.

Formal education and unsupervised experience may NOT be substituted for the work experience requirements.

CHAPTER 5 - CERTIFICATION OR LICENSURE APPLICATION PROCESS

Certification is granted for Addiction Counselors and Prevention Specialist; and, licensure is granted for Addiction Counselors. Certification or licensure is granted on a date following the completion of the application process and successfully passing the IC&RC Written Examination. Certification or licensure is then renewed annually in the practitioner's birth month.

An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the application process.

The Board issues both certificates and identification cards. **Certificates issued by the Board are intended for public display either in the professional's office or in a place designated by the agency. Certificates are issued upon initial certification or licensure. Identification cards are issued annually.**

CERTIFICATION OR LICENSURE APPLICATION

Applicants can apply for certification or licensure when all the academic and work experience requirements are completed. An application packet can be requested from the BAPP Administrative Office by submitting a request in writing and paying the application fee; or, by downloading the application from the BAPP website at no cost. Applications can be submitted at any time throughout the year and are accepted on an ongoing basis for the two testing cycles approved by the Board. **Applications must be received prior to the application deadline of January 1 for inclusion in the March testing cycle; or, July 1 for inclusion in the September testing cycle.**

The entire application must be completed and submitted by the deadline (January 1 or July 1). An applicant will not be approved to take the IC&RC Written Examination if an incomplete application portfolio is on file. An application must be complete before final processing. Failure to submit all application materials by the deadline will result in denial of the application for that testing cycle. (The Board retains partial applications for a maximum of two years.)

The application for Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC) must include the following:

- (1) Address / Employment Information,
- (2) Educational and Academic Data Form,
- (3) Official transcripts for all post secondary coursework,
- (4) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (5) Signed Professional Code of Ethics form,
- (6) Three professional recommendations,
- (7) Supervisor's Evaluation and Recommendation form with indication that applicant meets competencies in the functions specific to the alcohol and drug counselor domains to include the Twelve Core Functions,
- (8) Work History Documentation and Work Experience Verification forms,
- (9) Written job description for the current position held,
- (10) Documentation of three hundred (300) hours of supervised practical training in the Twelve Core Functions, with a minimum of ten (10) hours in each core function, and
- (11) Payment of the required fee.

The application for Prevention Specialist must include the following:

- (1) Address / Employment Information,
- (2) Educational and Academic Data Form,
- (3) Official transcripts for all post secondary coursework,
- (4) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,

- (5) Signed professional Code of Ethics form,
- (6) Signed Professional Code of Ethical Conduct for Prevention Specialists form,
- (7) Three professional recommendations,
- (8) Supervisor's Evaluation and Recommendation form with indication that applicant meets competencies specific to the Prevention Specialist Domains,
- (9) Work History Documentation and Work Experience Verification forms,
- (10) Written job description for the current position held,
- (11) Documentation of seven hundred fifty (750) hours of supervised practical training in the Prevention Specialist Domains with a minimum of fifty (50) hours in each domain, and,
- (12) Payment of the required fee.

WRITTEN EXAMINATION PROCESS

Upon receipt of the application for certification or licensure and payment of the fee, the BAPP administrative staff will send a checklist to the applicant indicating any items missing within the applicant's portfolio or any deficient items that have not met the standards. The burden of proof for all requirements rests with the applicant. The Board and/or administrative staff are not responsible for gathering information to determine the qualifications or appropriateness of any applicant.

The Board reviews completed application portfolios for approval or denial. At the time of review Board action can be taken to either deny the application or approve the application and accept the candidate for testing. The Board will take into consideration the recommendation provided by the applicant's supervisor when making its decision for approval or denial. Failure to submit all application materials by the deadline will result in denial of the application.

Applicants will be notified in writing of the approval or denial of their application within 30 days of the review. Applicants approved for testing will be pre-registered for testing by the BAPP administrative staff. The BAPP utilizes Computer Based Testing (CBT). Once pre-registered for the examination, applicants will have the opportunity to schedule their own test site, date, and time for the examination, within the scheduled two-week testing period. The three South Dakota test sites are: Southeast Technical Institute, 2320 North Career Avenue, Sioux Falls, SD 57107; Black Hills State University, 1200 University Street, Spearfish, SD 57799 and, Career Learning Center of the Black Hills, 730 E Watertown Street, Rapid City, SD 57701.

Registration is done on-line by the applicant. When successfully registered for the exam, the testing company will issue an 'Admission Letter'. This letter will give the applicant all the necessary information needed for the day of the testing.

Note: Applicants requesting special accommodations should coordinate with the BAPP Administrative Office. Special accommodation requests need to be submitted 60 days prior to the examination date. Requests need to be accompanied by a health-care provider's documentation of the condition requiring accommodations, which accommodations are recommended, and the applicant's request for the accommodation. Submitted documentation must follow ADA guidelines in that psychological or psychiatric evaluations must have been conducted within the last **three years**. All medical/physical conditions require documentation of the treating physician's examination conducted within the previous **three months**.

On testing day the applicant must present the 'ADMISSION LETTER' and a 'VALID PHOTO ID WITH SIGNATURE' in order to be admitted to the examination. Failure to do so will result in not being allowed to test and any fees paid will be forfeited. Applicants are required to arrive on time for the examination. Applicants who arrive late will not be permitted to test.

After completion of the exam, applicants will receive preliminary scores. These are not official scores. The official scores will be sent to the applicant from the BAPP Administrative Office within thirty (30) days of the Board's receipt of the test results. Policy prohibits providing examination results over the telephone. The passing score for each testing cycle is determined by IC&RC.

RETESTING

An applicant who fails the IC&RC Written Examination may retest during the next immediate testing cycle. Applicants are required to submit a letter of intent to retest and pay the re-testing fee. The letter and fee must be received by January 1 or July 1 prior to the next testing cycle in order to test in that cycle. The applicant may retest two times and only during the next two consecutive testing cycles.

An applicant who has not successfully passed the examination within three consecutive testing cycles will be required to complete all requirements under the **current** provisions for either certification or licensure; complete an application for certification or licensure; pay the required fees; and, successfully complete the examination process.

STATUS UPGRADE

A Certified Addiction Counselor (CAC), in active and good standing, who wishes to upgrade to a Licensed Addiction Counselor (LAC) will need to complete the academic and work experience requirements for LAC.

Upon completion of the academic and work experience requirements for LAC, the Certified Addiction Counselor may apply for an upgrade in status by submitting an 'Application for Upgrade'; documenting the supervised work experience requirements; submitting official transcripts documenting the completion of the course requirements for the upgrade; and, paying the required application fee.

An upgrade application packet can be requested from the BAPP Administrative Office by submitting a request in writing and paying the application fee; or, by downloading the application from the BAPP website at no cost.

An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the application process.

A completed application for status upgrade must include the following:

- (1) Address / Employment Information,
- (2) Educational and Academic Data Form,
- (3) Signed Professional Code of Ethics form,
- (4) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (5) Official transcripts for all post secondary coursework,
- (6) Work History Documentation and Work Experience Verification forms,
- (7) Supervisor's Evaluation and Recommendation form,
- (8) Three professional recommendations,
- (9) Written job description for the current position held, and
- (10) Payment of the required fee.

Applicants are exempt from having to retake the IC&RC Written Examination if there is documentation of having successfully completed the written examination process.

CHAPTER 6 - RENEWAL PROCESS

An application for renewal can be downloaded from the BAPP website. A reminder notice and invoice are mailed from the BAPP Administrative Office in the month prior to the practitioner's renewal due date. It is the practitioner's responsibility to submit the application and fee prior to the expiration date, even if a reminder and invoice are not received. An application can be denied if the applicant fails to provide accurate and complete responses to the Board's questions and requests for information in the renewal application process.

TRAINEE RECOGNITION RENEWAL PROCESS

Trainee renewal is the process of applying for continuation of Trainee recognition. Recognition is renewed annually for up to five years. Trainee renewal requires timely submission of a renewal application, which must include the following:

- (1) Address / Employment information,
- (2) Educational and Academic Data Form,
- (3) Supervisor's signed Supervision Data form and the Clinical Supervisor Code of Ethics form,
- (4) Trainee's signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (5) Trainee's signed Professional Code(s) of Ethics form(s),
- (6) Completion of a Board survey, if required by the Board, and
- (7) Payment of required fee.

The application and fee for continued Trainee recognition must annually be completed and received in the Board office or postmarked by the last day of the Trainee's birth month.

CERTIFICATION OR LICENSURE RENEWAL PROCESS

Certification or licensure renewal is the ongoing process of applying for continuation of certification or licensure. A renewal fee must annually be received in the Board office or postmarked by the last day of the practitioner's birth month.

Continuing Professional Training is submitted every two (2) years and requires timely submission of a completed renewal application, which must include the following:

- (1) Address / Employment Information,
- (2) Signed Professional Code(s) of Ethics form(s),
- (3) Signed Authorization and Release of Information form that includes a statement of non-felony or completion of felony sentencing requirements,
- (4) Continuing Education/Training Report form,
- (5) If audited, documentation and proof of Continuing Professional Training,
- (6) Completion of a Board survey, if required by the Board, and
- (7) Payment of required fee.

The application, renewal fee, and proof of Continuing Professional Training (if audited) must be completed and received in the Board office or postmarked by the last day of the practitioner's birth month, every two (2) years in even-numbered years.

See Chapter 7 for completion and documentation of Continuing Professional Training hours.

FAILURE TO RENEW BY THE DEADLINE

Any practitioner who fails to complete the renewal requirements loses status and may not identify himself or herself to the public as an Addiction Counselor Trainee (ACT), Certified Addiction Counselor (CAC), Licensed Addiction Counselor (LAC), Prevention Specialist Trainee (PST), or Certified Prevention Specialist (CPS).

Reinstatement Period for certified or licensed practitioners: Any certified or licensed practitioner who has allowed their status to lapse may have it restored within fifteen (15) days of the expiration date, providing they request reinstatement, submit all applicable forms and documentation, and pay the reinstatement fee and the renewal fee.

Any licensed or certified practitioner wanting to regain status after the fifteen (15) day reinstatement period will be required to complete all requirements under the **current** provisions for either certification or licensure; complete the application process for certification or licensure; pay the required fee; and, successfully pass the IC&RC Written Examination.

Reinstatement period for Trainee recognition: Any Trainee who has allowed their status to lapse may have it restored within fifteen (15) days of the expiration date, providing they request reinstatement, submit the renewal application and all applicable documentation, and pay the reinstatement fee and the renewal fee.

Any Trainee wanting to regain status after the fifteen (15) day reinstatement period (and within their 5-year trainee recognition period) must successfully complete three of the required courses for either certification or licensure before being allowed to reapply for Trainee recognition status.

CHAPTER 7 - CONTINUING PROFESSIONAL TRAINING

CONTINUING PROFESSIONAL TRAINING REQUIREMENTS

The Continuing Professional Training compliance period for a certified or licensed practitioner is for two years beginning with the practitioner's birth month following issuance of a certificate by the Board and ending on the last day of the month of the practitioner's birth. Hours earned during one compliance period may not be carried over to the next.

Certified or Licensed Practitioners: A practitioner renewing CAC, LAC, or CPS must obtain at least forty (40) contact hours of Board approved Continuing Professional Training. These hours must be submitted to the Board during the practitioner's birth month every two years in even-numbered years.

Dually Credentialed Practitioners: Dually credentialed practitioners must obtain sixty (60) hours of Board approved Continuing Professional Training. These hours must be submitted to the Board during the practitioner's birth month every two years in even-numbered years.

Retired Practitioners: A practitioner renewing 'retirement' status must complete half of the required Continuing Professional Training hours. These hours must be submitted to the Board during the practitioner's birth month every two years in even-numbered years.

Practitioners on 'inactive' status are not required to complete Continuing Professional Training hours while on inactive status. A practitioner who is reinstating from inactive status to active status must obtain the number of hours related to the time frame the certification/license was placed on inactive status up to a maximum of 40 hours if singly credentialed, or 60 hours if dully credentialed.

Trainees are not required to complete Continuing Professional Training hours.

Practitioners are responsible for maintaining acceptable documentation of attendance and completion of their training activities. Documentation must be signed by a representative of the institution or organization sponsoring the training activity. The burden of proof lies with the practitioner. The Board office does not maintain a practitioner's Continuing Professional Training hours nor will the office seek to verify attendance of any training activity. **The Board shall audit a maximum of 10% of the renewal applications.**

Standards of Approval:

Continuing Professional Training means training gained from attendance and participation in approved counseling related trainings, addiction, behavioral health, or prevention courses, lectures, workshops, or seminars; training provided by the practitioner's employer; and teaching or training in the counselor core functions. It constitutes an organized program of learning, which contributes directly to the competency of the practitioner in serving the public. This includes the areas of prevention, treatment, counseling and the administration of programs to improve professional skills and upgrade the standards of all addiction counselors and prevention specialists. It is conducted by individuals considered experts in the subject matter of the program because of education, training, or experience; and, it is accompanied by a paper, manual, written outline, or electronic documentation which substantially pertains to the subject matter of the program.

The following guidelines apply to Continuing Professional Training:

- All Continuing Professional Training hours that are not on the approved list maintained by the Board must be approved by the Board thirty (30) days before or after the activity is held. A 'Request for Approval of Continuing Professional Training' form must be completed and submitted to the BAPP office with a copy of the brochure, agenda, syllabus, etc., for any training activity.
- Continuing Professional Training is measured in units of "clock hours." A clock hour is a continuous fifty-minute period. Time devoted to mealtimes, breaks, exercise, meditation, prayer, etc., will not be considered or included when awarding Continuing Professional Training hours.
- Continuing Professional Training must be obtained within the time frame of each 2-year compliance period.
- Continuing Professional Training hours are not cumulative. Additional hours earned during one compliance period cannot be carried over to the next compliance period.
- The renewal application will not be considered complete unless the required continuing education documentation is received.

- Practitioners should claim only the number of hours of actual attendance for the training activities they have attended.

The hours can be obtained in a combination and variety of ways to include:

- Counseling, addiction, behavioral health, or prevention courses at accredited post-secondary institutions.
- Counseling related trainings, lectures, workshops, or seminars.
- Addiction related trainings, lectures, workshops, or seminars.
- Behavioral health trainings, lectures, workshops, or seminars.
- Prevention trainings, lectures, workshops, or seminars.
- In-service training (educational training activities which occur within the practitioner's agency, for agency staff, and conducted by agency staff).
- Teaching and/or training in the counselor core functions.

Continuing Professional Training should be in those areas related to the scope of practice for the practitioner. The practitioner is responsible for financing the costs of Continuing Professional Training.

APPROVAL OF CONTINUING PROFESSIONAL EDUCATION/TRAINING

An attendee who desire approval of a Continuing Professional Training activity can apply to the Board within 30 days before or after the activity is held, by completing and submitting the 'Request for Approval of Continuing Professional Training' form. The Board will notify the attendee in writing whether the activity is approved. The Board shall maintain and make available upon request the list of Continuing Professional Training activities approved by the Board. (The form can be downloaded from the BAPP website.)

Organizations or presenters who desire to sponsor Continuing Professional Training activities can apply to the Board within 30 days before or after the activity is held, by completing and submitting the 'Request for Approval of Continuing Professional Training' form, the 'Educational Provider Status Agreement' form, and paying the required service provider fee. The Board will notify the sponsor in writing whether the activity is approved. The Board shall maintain and have a list of pre-approved sponsors available on the BAPP website. (The forms can be downloaded from the BAPP website.)

The Board approves which trainings are acceptable for Continuing Professional Training, but the Board and/or Administrative Office does not grant or issue the actual credit for the Continuing Professional Training hours, unless the training is given or directly sponsored by the Board.

TEACHING AND TRAINING HOURS FOR FACILITATORS

Hours can be obtained through education and training provided by certified or licensed practitioners to other practitioners on addiction and prevention related topics. The number of hours awarded will be equal to the number of contact hours spent in the actual teaching or training time. Of the required Continuing Professional Training hours, a practitioner may not receive credit for more than fifteen (15) hours of teaching/training time if singly credentialed, or twenty (20) hours if dually credentialed, within any given compliance period. The following guidelines apply:

- Teaching activities must be accredited courses as designated by a post secondary institution for which college credit is issued.
- Training activities must be trainings related to the addiction counseling or prevention services professions.
- Any training activities not on the approved provider list must be approved within thirty (30) days of the activity.
- All training must be completed within the applicable 2-year professional training compliance period.
- An instructor can receive credit for teaching or training one time per course/training activity within a three-year period.
- Patient lectures or public education lectures (i.e., those offered to schools or to public service groups) may not be used to meet the teaching and training requirements.

AUDIT FOR CONTINUING PROFESSIONAL TRAINING

A maximum of 10% of the certified and licensed practitioners will be audited on a monthly basis every two years, in even-numbered years. If audited, the burden of proof to demonstrate adequate Continuing Professional Training is with the practitioner.

Audits will be conducted in the following manner:

- a. The Board will notify each practitioner that has been randomly selected for an audit.
- b. The Board will ask the practitioner to submit a copy of the Continuing Professional Training documentation for each training activity attended. To show compliance with the Continuing Professional Training requirements, each practitioner must obtain proof of attendance and completion from the sponsoring organization for each course or training activity attended. Documentation must be signed by a representative of the institution or organization presenting the course or activity. (Certificates of attendance, letters, rosters, transcripts, etc., should be made available to attendees by the sponsoring agency or post secondary institution.)
- c. The BAPP staff will review the documentation and verify the practitioner's 'Continuing Education/Training Report' form with the supporting documentation.
- d. If there is a discrepancy, the Board office will seek further information from the practitioner.
- e. False documentation will be cause for a referral to the Board of Directors.

Failure of a practitioner to comply with the Continuing Professional Training audit may result in the lapse of certification or licensure.

CHAPTER 8 - CHANGE IN STATUS

RETIREMENT STATUS

A certified or licensed practitioner, in good standing, who is age 62 or older and is unemployed or employed in the profession on a part time basis (20 hours per week or less) at the time of certification or licensure renewal is eligible to apply for retirement status.

A practitioner on retirement status is required to complete half of the Continuing Professional Training hours and pay half of the required renewal fee in order to maintain their certification or licensure status. Retirement status must be applied for at the time of application for renewal, and applicants must currently be unemployed or employed in the profession on a part-time basis (20 hours per week or less).

Individuals who are granted retirement status are not eligible for reciprocity.

INACTIVE STATUS

Certified or licensed practitioners, in good standing, may request to be placed on inactive status. Inactive status allows the practitioner to maintain their certification or license by payment of the required renewal fee. Continuing Professional Training is not required while the practitioner is on inactive status. A practitioner on inactive status may not actively practice in the field and is not eligible for reciprocity.

A certified or licensed practitioner can place their certification or license on inactive status at any time. However, it is not the intent of this policy for practitioners to enter inactive status to avoid the requirement to obtain Continuing Professional Training hours. Certification/licensure can be reactivated with submission of the renewal application and documentation of Continuing Professional Training hours. A practitioner who is reinstating from inactive status shall obtain the number of hours related to the time frame the certification/license was placed on inactive status up to 40 hours if singly credentialed, or 60 hours if dually credentialed. Under no circumstance will a practitioner be required to submit more than 40 Continuing Professional Training hours if singly credentialed, or 60 hours if dually credentialed.

A practitioner on active military duty and in good standing with the Board may be placed on inactive status upon request by the practitioner or through Board action. No reactivation fee and no Continuing Professional Training hours are required unless the practitioner is working as a military substance abuse specialist or other related addictions counselor. A military practitioner on inactive status is not eligible for reciprocity.

MILITARY ACTIVATIONS

The BAPP recognizes the importance of service in the military. In the event of a “call-up” or activation, the Board will attempt to accommodate the practitioner that is activated and within reason the employment site of that individual.

For certified/licensed practitioners, the certificate/license will remain in place. For Trainees, the re-issue of Trainee recognition status will take place upon request. In general, there will be no lapse of certification, licensure, or Trainee recognition status upon the return of a person from an active military duty or reserve military activation.

If a disability is indicated upon a person’s return from active duty, the certificate/license will be held in abeyance until the individual is cleared to return to work.

Fees will cease at the time of call-up or a reasonable time before call-up. The Board recognizes that an actual report date and date of notification are often different from the actual date a reservist or active duty professional

is no longer working at their civilian job site or in their addiction or prevention standing. When there is an activation and the person returns to employment in the field, the Board will allow reasonable time if the practitioner opts not to return to immediate employment. On a case-by-case basis, if an activated practitioner decides not to re-enter the profession, the Board will review the case and consider a refund if appropriate and within policy.

In the event an activated practitioner returns from duty to a work site that is no longer available (site closes, there is a reduction in the work force, or other cause outside of the activated individual's control), the Board will consider case-by-case how to approach fees, Continuing Professional Training, and related concerns.

Continuing Professional Training requirements will be in place; however, the Board on a case-by-case basis may identify a need to offset total hours of Continuing Professional Training required by the months/days activated or some other manner that seems appropriate for the particular reservist or active duty personnel. For military activation, the certification/ licensure will be held on inactive status, no re-activation fee, and no Continuing Professional Training hours are required unless the person is working as a military substance abuse specialist or other related addictions counselor.

Reasonable consideration will be given in regard to applicants for testing, etc. if the call-up returns close to deadlines for testing.

On a case-by-case basis, the Board may consider other action, as it deems appropriate.

It is the practitioner's responsibility at the time of activation and deactivation to notify the Board of his or her current status. A person designated by the practitioner can make this notification.

CHAPTER 9 - RECIPROCITY

INTERNATIONAL CERTIFICATION AND RECIPROCITY CONSORTIUM (IC&RC)

The South Dakota Board of Addiction and Prevention Professionals is a member of the International Certification & Reciprocity Consortium (IC&RC). IC&RC is the global leader in the credentialing of prevention, addiction treatment, and recovery professionals. Organized in 1981, it provides standards and examinations to certification and licensing boards in 24 countries, 47 U.S. states and territories, five Native American territories, and all branches of the U.S. Armed Forces.

The IC&RC protects the public by establishing standards and facilitating reciprocity for the credentialing of addiction-related professionals. Uniform standards allow reciprocity between IC&RC member boards. A member board can utilize or implement individual requirements that are greater than, but not less than, IC&RC's minimum standards for credentialing. Every member organization is entitled to appoint delegates to serve on the IC&RC Board of Directors. Delegates are actively involved in the governance of the IC&RC and in standard setting and review.

The minimum standards for the Alcohol & Drug Counselor (ADC) are listed below:

Experience:	6000 hours of supervised work experience specific to the ADC domains. (An associate's degree in behavioral science may substitute for 1000 hours; a bachelor's degree in behavioral science may substitute for 2000 hours; a master's degree in behavioral science may substitute for 4000 hours.)
Education:	270 hours specific to the domains. Six hours must be specific to counselor ethics.
Supervision:	300 hours specific to the domains; to include the 12 core functions and TAP 21 Competencies with a minimum of ten hours in each core function area.
Examination:	Applicants must pass the IC&RC Alcohol & Drug Counselor Examination.
Code of Ethics:	Applicants must sign a code of ethics statement or affirmation statement.
Recertification:	40 hours of continuing education earned every two years.

ADC Domains

(Tap 21 Competencies & the 12 Core Functions are contained within these domains.)

1. Clinical Evaluation
2. Treatment Planning
3. Referral
4. Service Coordination
5. Counseling
6. Client, Family & Community Education
7. Documentation
8. Professional & Ethical Responsibilities

Note that each member board may have higher standards for this credential. Please see Chapter 2 for the BAPP requirements for Certified Addiction Counselor (CAC) or Licensed Addiction Counselor (LAC).

The minimum standards for Prevention Specialists (PS) are listed below:

Experience:	2000 hours of Alcohol, Tobacco and Other Drug (ATOD) prevention work experience.
Education:	100 hours of prevention specific education. Fifty hours of this education must be ATOD specific. Six hours must be specific to prevention ethics. One hour of education is equal to 50 minutes of continuous instruction.
Supervision:	120 hours specific to the domains with a minimum of ten hours in each domain.
Examination:	Applicants must pass the IC&RC Prevention Specialist Examination.
Code of Ethics:	Applicants must sign a prevention specific code of ethics statement or affirmation statement.
Recertification:	40 hours of continuing education earned every two years.

PS Domains

1. Planning & Evaluation
2. Prevention Education and Service Delivery
3. Communication
4. Community Organization
5. Public Policy & Environmental Change
6. Professional Growth & Responsibility

Note that each member board may have higher standards for this credential. Please see Chapter 2 for the BAPP requirements for Certified Prevention Specialists (CPS).

TRANSFER THROUGH RECIPROCITY

Addiction Counselors and Prevention Specialists meeting the standards and successfully completing the IC&RC Written Examination are eligible for reciprocity through the IC&RC. Reciprocity is the transfer of an IC&RC credential from one jurisdiction (state, country, nation) to another usually without having to retest.

RECIPROCITY TO THE BAPP

Addiction or prevention professionals certified at a reciprocal level by an IC&RC member board who relocate to South Dakota may transfer their credential to the BAPP using the reciprocity process. No additional requirements will need to be met by the certified professional using this process to transfer their credential to South Dakota. To begin the reciprocity process, addiction or prevention professionals must contact their current credentialing board to seek guidance on their eligibility for reciprocity and request a reciprocity application. Upon completion of the reciprocity application, the professional sends the application plus a \$100 money order (payable to IC&RC) back to their current board. Upon completion of the reciprocity application by the professional and the credential verification report by the current credentialing board, the current credentialing board forwards the application (including the credential verification report) and money order to the IC&RC Office. When the BAPP receives reciprocity approval notification from the IC&RC Office, a BAPP reciprocity information form requesting address/employment information, a signed Professional Code of Ethics form, and a signed Authorization and Release of Information form is sent to the professional. Upon receipt of the required information, the BAPP will issue a certificate to the professional for the equivalent credential (i.e. Alcohol & Drug Counselors (ADA) will be granted CAC certification, and Certified Prevention Specialists will be granted CPS certification).

An applicant for reciprocity who fails to provide accurate and complete responses to the Board's request for information; or, who has been convicted of, pled guilty or no contest to, or received a suspended imposition of sentence for a felony offense within five years of the date of application for reciprocity may be denied reciprocity. Persons with felony records will need to sign appropriate releases of information that will allow the Board to verify current status.

The CAC professional may upgrade to LAC at any time upon completion of the current standards. The professional will be required to submit an upgrade application, provide all appropriate documentation, and submit the required fee. (See section on Status Upgrade)

RECIPROCITY OUT OF THE BAPP

Addiction or prevention professionals certified by the BAPP at a reciprocal level (CAC, LAC, CPS) who relocate to another state, country, or nation may transfer their credential to the new jurisdiction using the reciprocity process only if the new jurisdiction is an IC&RC member board. Reciprocity to a non-IC&RC member board is not permitted. Additional requirements may be imposed upon the professional depending on the laws and regulations governing the practice of addiction or prevention related services in the new jurisdiction. Therefore, professionals are strongly encouraged to contact the IC&RC member board in the new jurisdiction to determine if any additional requirements must be met. To begin the reciprocity process, professionals must contact the BAPP and request a reciprocity application. Upon completion of the reciprocity

application, the professional sends the application plus a \$100 money order (payable to IC&RC) back to the BAPP. Upon completion of the reciprocity application by the professional and the credential verification report by the BAPP, the BAPP will forward the application (including the credential verification report) and money order to the IC&RC Office. Reciprocity is complete when the certification board in the new jurisdiction receives reciprocity approval notification from the IC&RC Office. That board will then issue the certified professional the equivalent credential offered unless laws or regulations governing the practice of addiction or prevention related services in the new jurisdiction must first be met.

South Dakota Certified Addiction Counselor (CAC), Licensed Addiction Counselors (LAC), and Certified Prevention Specialists (CPS) may apply for reciprocity to another jurisdiction. A complete listing of IC&RC member boards is located on the 'Member Boards' page of the IC&RC website at: <http://internationalcredentialing.org>

INTERNATIONAL CERTIFICATES

The international certificate is an additional certificate available to certified/licensed practitioners holding a reciprocal credential (CAC, LAC, or CPS). A practitioner certified/licensed at a reciprocal level may receive an International Certificate at the time of annual renewal of their BAPP certification/licensure by completing the Board's 'IC&RC Certificate Application' and paying the required fee. The 'IC&RC Certificate Application' can be downloaded from the BAPP website.

The International Certificate does not replace, but rather enhances, the existing credential held through the BAPP. The certificates are recognition of the professional's achievements of national standards. The IC&RC certificate is suitable for framing and public presentation but is not required by the Board for public display.

CHAPTER 10 - CODE OF ETHICS

The Board promulgates and publishes the ' CODE OF ETHICS AND STANDARDS OF PRACTICE OF THE BOARD OF ADDICTION AND PREVENTION PROFESSIONALS'. The Code of Ethics applies equally to Addiction Counselor Trainees, Certified Addiction Counselors, Licensed Addiction Counselors, Prevention Specialist Trainees, Certified Prevention Specialists, and individuals in the process of applying for trainee recognition, certification or licensure.

A Board representative or a subcommittee appointed by the Board investigates alleged violations of the Code of Ethics or statutory violations.

The BAPP believes that all people have rights and responsibilities through every stage of human development. The goal of the various Codes is to provide a framework that guides addiction and prevention professionals to treat individuals, communities, and groups with the dignity, honor, respect, and reverence that are fitting to those that receive services.

This BAPP directive is derived from the above ethical principals and entitles human beings to the physical, social, psychological, spiritual and emotional care necessary to meet individual needs in their learning, recovery and rehabilitation process. All practitioners have a responsibility to adhere to the guiding principles and Code of Ethics within their scope of practice.

It is the responsibility of the trainee, certified or licensed professional, or those applying for recognition, certification, or licensure, to be familiar with the 'Code of Ethics and Standards of Practice of the Board of Addiction and Prevention Professionals'. This document can be downloaded from the BAPP website, or you can request a copy from the BAPP Administrative Office.

CHAPTER 11 - ETHICAL COMPLAINT PROCEDURES

FILING THE COMPLAINT

Complaints against practitioners or those seeking recognition, certification, or licensure shall be made through a formal procedure described herein. Disciplinary action may also be initiated by a majority vote of the Board of Directors of the South Dakota Board of Addiction and Prevention Professionals (BAPP). The BAPP Administrative Officer with consultation of the Board President may initiate complaints based on information presented to the Board by an applicant or supervisor during the course of the recognition, certification, licensure, renewal, or upgrade process.

All complaints must be in writing and include the full name and address of the complainant. The complaint must outline the facts, which clearly and accurately describe the nature of the complaint and the allegations against the respondent.

All complaints other than those generated by the Board or Administrative Officer must be sent by first class mail to:

**BAPP Administrative Office
3101 W. 41st Street
Suite 205
Sioux Falls, SD 57105**

A complaint is not a public record. No agency or individual who files a complaint or provides information related to a complaint has a right to participate in the investigation or formal disciplinary proceedings.

Upon receipt of a formal written complaint, the BAPP Administrative Officer will forward the complaint to a Board representative or a subcommittee appointed by the Board for review and consideration, if the complainant is identified as an individual under the cognizance of the Board. All complaints shall be investigated under the authority of the Board's policies and procedures as outlined in the BAPP Standards Manual (including changes approved by the Board) and/or statutory regulations (Chapter 36-34) and/or administrative rules (Article 20:80).

Board members who have a conflict of interest will disqualify themselves from participating in a disciplinary procedure or appeal and may do so without comment. The following relationships may constitute a conflict of interest:

- Past or present family or "significant other".
- Past working relationship within the same agency or presently employed by the same agency.
- A present or former client or recipient of professional services.
- Any other special circumstances that may make objectivity difficult.

Notice of Complaint:

Upon receipt and review of the complaint, the BAPP appointed Board representative or subcommittee will determine whether or not the complaint warrants further investigation. The Board representative or subcommittee may, in its discretion, recommend to the Board of Directors to dismiss the complaint. If the Board determines that the complaint is frivolous or clearly unfounded, the Board may dismiss the complaint, by a unanimous vote, and expunge the complaint from the practitioner's record. The complainant shall be notified in writing of the Board's decision. Communication from the Board office will be accomplished through first class mail using the most recent address that the practitioner has reported to the Board.

If the Board determines a complaint has merit and constitutes grounds for disciplinary sanction, the Board shall provide a copy of the complaint to the practitioner. The practitioner shall be provided an opportunity to respond to the alleged misconduct within 30 days of receipt of the complaint. The practitioner shall be notified that failure to respond in writing within the specified time frame constitutes an admission to the allegations. All deliberations of the Board are held in closed session.

Ethics Hearing:

Upon review of all information and pertinent documentation, a hearing may be scheduled to receive and review testimony, evidence and question the complainant(s), the respondent(s), and witnesses.

The Board may use its own staff or employ certified or licensed addiction counselors, certified prevention specialists, agents, or investigators to assist in the enforcement of any violation of the codes or of the statute designating the Board or any rule promulgated by the Board. Any person violating the provisions of the statute may be enjoined from further violations by an action brought by the state's attorney of the county where the violations occurred or by an action brought by any citizen in the state. The Board, the Attorney General or the state's attorney may apply to the circuit court for the county in which a violation is alleged to have occurred for an order enjoining or restraining the commission or continuance of the acts.

The Board may authorize a hearing examiner to conduct the hearing required to determine a violation of this Act.

If a hearing is set, notification of the date, time and place of the hearing will be provided to all parties. A copy of the formal written complaint will be provided to the respondent. The respondent will be asked to submit a written statement outlining their responses to the allegations or conduct being complained about. The respondent will provide this written response to the BAPP Administrative Office at least seven days prior to the date of the hearing. The respondent will be notified that failure to respond in writing within the specified time frame will constitute an admission to the allegations and all stated rights and other due process would be forfeited if not exercised in a timely manner. The respondent's written statement will be provided to the complainant(s) when appropriate.

The Board reserves the right to dismiss the complaint at any time and upon review of all information and materials.

All parties will be provided with the policies and procedures and guidelines of the hearing process. The ethics complaint process is an adversarial proceeding with all parties having the right to be represented by an attorney. A formal record or transcription is not made of the hearing process. Parties wishing to have a transcript of the proceeding must request and pay for a court reporter at their own expense. The Board office must be notified in advance of the hearing that a party will provide a court reporter.

The hearing shall take place at a location and time established by the committee with all parties required to be present. Trainees, certified or licensed professionals, or those applying for recognition, certification, or licensure, who fail to appear, will constitute a violation of the professional code of ethics. Written notification of the date, place and time of the hearing must be provided to all parties at least 10 days prior to the scheduled hearing date.

Opportunity shall be given to all parties to be present and respond to evidence and testimony; to examine and cross examine all witnesses and evidence and present information and evidence in support of their interests. The South Dakota BAPP shall not be bound by common law or statutory rules of evidence but may consider all evidence having reasonable probative value.

It is the responsibility of all parties involved to see that witnesses and evidence are available for the scheduled hearing. The burden of proof of any and all allegation lies with the complainant(s).

No discovery from South Dakota BAPP files shall be permitted, and no access to the South Dakota BAPP files will be allowed for either the complainant or respondent. There shall be no contact with any of the Board members by the complainant, the respondent, or their representative prior to the hearing for the purposes of discussing the case.

The BAPP Administrative Officer or Board President will provide the complainant with information about procedures and policies if so requested.

The members of the Board will hear testimony, review evidence and have the opportunity to ask questions to obtain information necessary to make an accurate determination of the facts of the case. All deliberations of the committee are held in closed session.

Within thirty days upon completion of the hearing, the Board will submit its decision for the disposition of the case, including the facts upon which the decision is based to all parties involved.

Decision of the Board may be appealed either by the complainant or the respondent in accordance with SDCL 1-26.

GROUNDINGS FOR DISCIPLINE

Any violation of the professional codes of ethics or grounds for discipline may result in the denial, revocation, suspension, or disciplinary sanctions as outlined by the BAPP Standards Manual (including changes approved by the Board) and/or statutory regulations (Chapter 36-34) and/or administrative rules (Article 20:80). A majority of the BAPP Board of Directors may initiate a disciplinary action or demand an examination by a competent, licensed medical or psychological professional, against a trainee, certified/licensed professional, or person in the process of applying for recognition, certification, licensure when there is reason to believe the physical or mental condition of the individual may endanger the health or safety of clients who are, or may become, involved in receiving professional services from the trainee, certified/licensed professional, or person in the process of applying for trainee recognition, certification, or licensure.

The grounds for discipline include:

- a. A practitioner has employed or knowingly cooperated in fraud or material deception in order to obtain a certificate or license to practice the profession, or has engaged in fraud or material deception in the course of professional services or activities;
- b. A practitioner has been convicted in any court of a felony;
- c. A practitioner has engaged in or permitted the performance of unacceptable patient care by the practitioner or by auxiliaries working under the practitioner's supervision due to any deliberate or negligent act or failure to act;
- d. A practitioner has knowingly violated any provision of the administrative rules or statutes promulgated by the BAPP or any other professional licensing or certification boards;
- e. A practitioner has continued to practice although the practitioner has become unfit to practice due to professional incompetence, failure to keep abreast of current professional theory or practice, physical or mental disability, or addiction or severe dependency upon or use of alcohol or other drugs which endanger the public by impairing a practitioner's ability to practice safely;
- f. A practitioner has engaged in lewd or immoral conduct in connection with the delivery of addiction counseling or prevention services to consumers;
- g. A practitioner has or is employing or assisting an uncertified or unlicensed person to hold himself or herself out as a certified or licensed addiction counselor or certified prevention specialist;
- h. A practitioner submitted false, misleading, or inaccurate information to the board in obtaining issuance or renewal of recognition, certification, or licensure; or
- i. A practitioner has failed to provide information or documents requested by the Board in the investigation or prosecution of a professional or ethical complaint filed with the Board.

SANCTIONS

The Board may impose any of the following sanctions, singly or in combination, if the Board finds that a practitioner has violated any of the ethical standards adopted by the Board:

Denial	Refusal to issue recognition, certification, licensure, or renewal to an applicant until a required action has taken place;
Revocation	Revoke a practitioner's certification or license to practice for an indefinite length of time;
Suspension	Suspend a practitioner's certification or license for a specific or indefinite length of time;

Reprimand/Censure	A formal written letter of reprimand or warning;
Probation	Place a practitioner on probationary status and require the practitioner to report regularly to the Board on the matters which are the basis for probation. The Board may withdraw the probation if the Board finds the deficiencies that resulted in disciplinary action have been remedied.
Limited Practice	Limit the practitioner's practice to areas prescribed by the Board and continue to review professional education until a satisfactory degree of skill has been attained in those areas that are the basis of the probation.

The Board may summarily suspend a practitioner's recognition, certification, or licensure in advance of a final adjudication or during the appeals process if the Board finds that a practitioner would represent a clear and immediate danger to the public health and safety if the practitioner were allowed to continue to practice. A practitioner whose recognition, certification, or licensure is suspended is entitled to a hearing before the Board within 20 days after the effective date of the suspension. The practitioner may subsequently appeal the suspension to circuit court in accordance with SDCL chapter 1-26.

The Board of Directors, when determining the nature and severity of the disciplinary sanction to be imposed may consider the following factors:

1. Sufficient cause to believe the individual's physical or mental condition may endanger the health or safety of clients who are or may become involved in a professional relationship.
2. The relative seriousness of the violation as it related to assuring the public of a high standard of professional service and care.
3. The facts of a particular violation.
4. Any extenuating circumstances or other countervailing considerations.
5. The number of prior violations or complaints and seriousness of each.
6. Whether remedial action has previously been taken.
7. Other factors which reflect upon the competency, ethical standards and professional conduct of the individual.

The practitioner is required to reimburse the Board in an amount equal to the costs incurred for the investigation and disciplinary hearing including the amount paid by the Board for legal expenses, attorney fees, court reporters, and any mediator or hearing officer, provided there is clear and convincing evidence of wrongdoing on the part of the practitioner.

Any practitioner whose recognition, certification, or license to practice has been suspended or revoked may be reinstated or a new recognition, certification, or license may be issued, as the case may be, if in the discretion of the Board, such action is warranted. The Board may require the applicant to pay all costs of the proceedings resulting in the applicant's suspension or revocation including the amount paid by the Board for legal expenses and attorney fees.

APPEAL OF DENIAL

Applicants for initial or renewal recognition, certification or licensure whom have been denied in the application process may appeal the decision. Appeals must be submitted in writing requesting reconsideration of the decision within 30 days of the date the applicant received notification from the BAPP Administrative Office.

The Board, in its discretion, upon review of the request, may uphold its decision or grant the request of the applicant.

Applicants dissatisfied with the decision of the Board will have the right to appeal under the provisions and in accordance with SDCL chapter 1-26.

APPEAL OF EXAMINATION RESULTS

The BAPP will not accept appeals based solely on the inability of the candidate to pass the IC&RC Written Examination.

The examinations utilized by the BAPP are national standardized examinations, which are proven to be valid, reliable and legally defensible testing instruments. Appeals related to the examinations must be relevant to the Board's failure to comply with acceptable testing guidelines and practices as established by the International Certification & Reciprocity Consortium (IC&RC) or its contracted testing company.

If candidates wish to have a review of their score on the written examination, the request must be submitted in writing within 30 days of the postmark on their score report. Candidates should be aware that the IC&RC examination security and item banking procedures do not permit candidate's access to examination questions, answer keys or other secure materials.

APPENDICES

APPENDIX A - TWELVE CORE FUNCTIONS OF THE ALCOHOL AND DRUG ABUSE COUNSELOR AND GLOBAL CRITERIA

The twelve core functions represent a specific entity and although they may overlap, depending on the nature of the Counselor's practice, the Counselor must be able to demonstrate competency in each core function and global criteria area.

SCREENING: The process by which a client is determined to be appropriate and eligible for admission to a particular program.

Global Criteria

1. Evaluate psychological, social and physiological signs and symptoms of alcohol and other drug use and abuse.
2. Determine the client's appropriateness for admission or referral.
3. Determine the client's eligibility for admission or referral.
4. Identify any coexisting conditions (medical, psychiatric, physical, etc.) that indicate a need for additional professional assessment and/or services.
5. Adhere to applicable laws, regulations and agency policies governing alcohol and other drug abuse services.

This function requires that the counselor consider a variety of factors before deciding whether or not to admit the potential client for treatment. It is imperative that the counselor use appropriate diagnostic criteria to determine whether the applicant's alcohol or other drug use constitutes abuse. All counselors must be able to describe the criteria they use and demonstrate their competence by presenting specific examples of how the use of alcohol and other drugs has become dysfunctional for a particular client.

The determination of a particular client's appropriateness for a program requires the counselor's judgment and skill and is influenced by the program's environment and modality (i.e., inpatient, outpatient, residential, pharmacotherapy, detoxification, or day care). Important factors include the physical condition of the client, outside supports/resources, previous treatment efforts, motivation and the philosophy of the program.

The eligibility criteria are generally determined by the focus, target population and funding requirements of the counselor's program or agency. Many of the criteria are easily ascertained. These may include the client age, gender, place of residence, legal status, veteran status, income level and the referral source. Allusion to following agency policy is a minimally acceptable statement.

If the applicant (client) is found ineligible or inappropriate for the program, the counselor should be able to suggest an alternative.

INTAKE: The administrative and initial assessment procedures for admission to a program.

6. Complete required documents for admission to the program.
7. Complete required documents for program eligibility and appropriateness.
8. Obtain appropriately signed consents when soliciting from or providing information to outside sources to protect client confidentiality and rights.

The intake usually becomes an extension of the screening, when the decision to admit is formally made and documented. Much of the intake process includes the completion of various forms. Typically, the client and counselor fill out an admission or intake sheet, document the initial assessment, complete appropriate releases of information, collect financial data, sign consent for treatment and assign the primary counselor.

ORIENTATION: Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non-residential program, the hours during which services are available; treatment costs to be borne by the client, if any, and client's rights.

Global Criteria:

9. Provide an overview to the client by describing program goals and objectives for client care.

10. Provide an overview to the client by describing program rules, and client obligations and rights.
11. Provide an overview to the client of the programs operations.

The orientation may be provided before, during and/or after the client's screening and intake. It can be conducted in an individual, group or family context. Portions of the orientation may include other personnel for certain specific parts of the treatment, such as medication.

ASSESSMENT: The procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problems and needs for the development of a treatment plan.

Global Criteria:

12. Gather relevant history from client including but not limited to alcohol and other drug abuse using appropriate interview techniques.
13. Identify methods and procedures for obtaining corroborative information from significant secondary sources regarding client's alcohol and other drug abuse and psycho-social history.
14. Identify appropriate assessment tools.
15. Explain to the client the rationale for the use of assessment techniques in order to facilitate understanding.
16. Develop a diagnostic evaluation of the client's substance abuse and any coexisting conditions based on the results of all assessments in order to provide an integrated approach to treatment planning based on the client's strengths, weaknesses, and identified problems and needs.

Although assessment is a continuing process, it is generally emphasized early in treatment. It usually results from a combination of focused interviews, testing and/or record reviews.

The counselor evaluates major life areas (i.e., physical, health, vocational development, social adaptation, legal involvement and psychological functioning) and assesses the extent to which alcohol or drug use has interfered with client's functioning in each of these areas. The result of this assessment should suggest the focus for treatment.

TREATMENT PLANNING: Process by which the counselor and the client identify and rank problems needing resolution; establish agreed upon immediate and long term goals and decide upon a treatment process and the resource to be utilized.

Global Criteria:

17. Explain assessment results to the client in an understandable manner.
18. Identify and rank problems based on individual client needs in the written treatment plan.
19. Formulate agreed upon immediate and long-term goals using behavioral terms in the written treatment plan.
20. Identify the treatment methods and resources to be utilized as appropriate for the individual client.

The treatment contract is based on the assessment and is a product of a negotiation between the client and counselor to assure that the plan is tailored to the individual's needs. The language of the problem, goal and strategy statements should be specific, intelligible to the client and expressed in behavioral terms. The statement of the problem concisely elaborates on a client and counselor to determine progress in treatment. The plan or strategy is a specific activity that links the problem with the goal. It describes the services, who will provide them, where they will be provided and at what frequency.

Treatment planning is a dynamic process and the contracts must be regularly reviewed and modified as appropriate.

COUNSELING: (Individual, Group and Significant Others.) The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions and decision making.

Global Criteria:

21. Select the counseling theory(ies) that apply.
22. Apply technique(s) to assist the client, group, and/or family in exploring problems and ramifications.
23. Apply techniques to assist the client, group, and/or family in examining the client's behavior, attitudes, and/or feelings if appropriate in the treatment setting.
24. Individualize counseling in accordance with cultural, gender and life-style differences.

25. Interact with the client in an appropriate therapeutic manner.
26. Elicit solutions and decisions from the client.
27. Implement the treatment plan.

Counseling is basically a relationship in which the counselor helps the client mobilize resources to resolve his/her problem and/or modify attitudes and values. The counselor must be able to demonstrate a working knowledge of various counseling approaches. These methods may include Reality Therapy, Transactional Analysis, Strategic Family Therapy, Client-Centered Therapy, etc. Further, the counselor must be able to explain the rationale for using a specific skill for the particular client. For example, a behavioral approach might be suggested for clients who are resistant, manipulative and have difficulty anticipating consequences and regulating impulses. On the other hand, a cognitive approach may be appropriate for a client who is depressed, yet insightful and articulate.

Also, the Counselor should be able to explain his/her rationale for choosing a counseling skill in an individual, group or significant other context. Finally, the counselor should be able to explain why a counseling approach or context changes during treatment.

CASE MANAGEMENT: Activities that bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.

Global Criteria:

28. Coordinate services for client care.
29. Explain the rationale of case management activities to the client.

Case management is the coordination of a multiple services plan. By the time many alcohol and other drug abusers enter treatment they tend to manifest dysfunction in a variety of areas. For example, a heroin addict may have hepatitis, lack job skills and have pending criminal charges. In this case, the counselor might monitor his medical treatment, make a referral to a vocational rehabilitation program and communicate with representatives of the Criminal Justice system.

The client may also be receiving other treatment services, such as family therapy and pharmacotherapy, within the same agency. These activities must be integrated into the treatment plan and communication must be maintained with the appropriate personnel.

CRISIS INTERVENTION: Those services that respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.

Global Criteria:

30. Recognize the elements of the client's crisis.
31. Implement an immediate course of action appropriate to the crisis.
32. Enhance overall treatment by utilizing crisis events.

A crisis is a decisive, crucial event in the course of treatment that threatens to compromise or destroy the rehabilitation effort. These crises may be directly related to alcohol or drug use (i.e., overdose or relapse) or indirectly related. The latter might include the death of a significant other, separation/divorce, arrest, suicidal gestures, a psychotic episode or outside pressure to terminate treatment.

It is imperative that the counselor be able to identify the crisis when they surface, attempt to mitigate or resolve the immediate problem and use the negative events to enhance the treatment efforts, if possible.

CLIENT EDUCATION: Provision of information to individuals and groups concerning alcohol and other drug abuse, the implications of, and the available services and resources.

Global Criteria:

33. Present relevant alcohol and other drug use/abuse information to the client through formal and/or informal processes.
34. Present information about available alcohol and other drug services and resources.

Client education is provided in a variety of ways. In certain inpatient and residential programs, for example, a sequence of formal classes may be conducted using a didactic format with reading materials and films. On the other

hand, an outpatient counselor may provide relevant information to the client individually and informally. In addition to alcohol and drug information, client education may include a description of self-help groups and other resources that are available to the clients and their families

REFERRAL: Identifying the needs of the client that cannot be met by the counselor or agency and assisting the client to utilize the support systems and community resources available.

Global Criteria:

35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.
36. Explain the rationale for the referral to the client.
37. Match client needs and/or problems to appropriate resources.
38. Adhere to applicable laws, regulations and agency policies governing procedures related to the protection of the client's confidentiality.
39. Assist the client in utilizing the support systems and community resources available.

In order to be competent in this function, the counselor must be familiar with community resources, both alcohol and drug and others, and be aware of the limitations of each service and if the limitations could adversely impact the client. In addition, the counselor must be able to demonstrate a working knowledge of the referral process, including the confidentiality requirements and outcomes of the referral.

Referral is obviously closely related to case management when integrated into the initial and ongoing treatment plan. It also includes, however, aftercare or discharge planning referrals that take into account the continuum of care.

REPORTS AND RECORD KEEPING: Charting the results or the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

Global Criteria:

40. Prepare reports and relevant records integrating available information to facilitate the continuum of care.
41. Chart pertinent ongoing information pertaining to the client.
42. Utilize relevant information from written documents for client care.

The report and record-keeping function is extremely important. It benefits the counselor by documenting the client's progress in achieving his or her goals. It facilitates adequate communication between co-workers. It assists the counselor's supervision providing timely feedback. It is valuable to other programs that may provide services to the client at a later date. It can enhance the accountability of the program to its licensing/funding sources. Ultimately, if performed properly, it can enhance the client's entire treatment experience.

CONSULTATION WITH OTHER PROFESSIONALS IN REGARD TO CLIENT TREATMENT SERVICES:

Relating with in-house staff or outside professionals to assure comprehensive, quality care for the client.

Global Criteria:

43. Recognize issues that are beyond the counselor's base of knowledge and/or skills.
44. Consult with appropriate resources to ensure the provision of effective treatment services.
45. Adhere to applicable laws, regulations and agency policies governing the disclosure of client identifying data.
46. Explain the rationale for the consultation to the client, if appropriate.

Consultations are meetings for discussions, decision-making and planning. The most common consultation is the regular in-house staffing in which client cases are reviewed with other members of the treatment team. Consultations also can be conducted in individual sessions with the supervisor, other counselors, psychologists, physicians, probation officers and other service providers connected with the client's case.

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APPENDIX B – PREVENTION SPECIALIST DOMAINS

Domain 1: Planning and Evaluation

Associated Tasks:

- Determine the level of community readiness for change.
- Identify appropriate methods to gather relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place persons in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.
- Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys/pre/posttests at work plan activities.
- Conduct evaluation activities to document program fidelity.
- Collect evaluation documentation for process and outcome measures.
- Evaluate activities and identify opportunities to improve outcomes.
- Utilize evaluation to enhance sustainability of prevention activities.
- Provide applicable workgroups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

Domain 2: Prevention Education and Service Delivery

Associated Tasks:

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Maintain program fidelity when implementing evidence-based practices.
- Serve as a resource to community members and organizations regarding prevention strategies and best practices.

Domain 3: Communication

Associated Tasks:

- Promote programs, services, activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.
- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.
- Demonstrate interpersonal communication competency.

Domain 4: Community Organization

Associated Tasks:

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to stakeholders and community members in mobilizing for community change.
- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.

- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.
- Participate in behavioral health planning and activities.

Domain 5: Public Policy and Environmental Change

Associated Tasks:

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

Domain 6: Professional Growth and Responsibility

Associated Tasks:

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize importance of participation in professional associations locally, statewide, and nationally.
- Demonstrate responsible and ethical use of public and private funds.
- Advocate for health promotion across the life span.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

APPENDIX C - FEE SCHEDULE

Services	Fee
Application materials	\$25.00
CAC, CPS, or LAC application and examination fee	\$250.00
CAC, CPS, or LAC examination cancellation or re-scheduling fee	\$25.00
CAC, CPS, or LAC examination late cancellation or nonattendance fee	\$125.00
CAC, CPS, or LAC retest fee	\$200.00
CAC or CPS renewal fee	\$175.00
LAC renewal fee	\$200.00
CAC & CPS dual credential renewal fee	\$262.50
LAC & CPS dual credential renewal fee	\$287.50
CAC or CPS retirement status fee	\$87.50
LAC retirement status fee	\$100.00
Status upgrade fee	\$150.00
CAC, CPS or LAC replacement identification card	\$5.00
ACT or PST recognition fee	*
ACT or PST renewal fee	\$150.00
Reinstatement fee	\$150.00
Replacement or duplicate certificate	\$15.00
IC&RC certificate fee	\$20.00
Portfolio review – course evaluation	\$25.00
Registration as a continuing education service provider	\$25.00
Mailing labels charge	\$100.00

*Pro-rated amount of \$12.50 per month from the month of initial recognition to the last day of the month of the Trainee's birth month, not to exceed \$150.00.

Note: All fees are nonrefundable.